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ENSURING CHILD SURVIVAL, PROTECTION AND
DEVELOPMENT IN AFRICA: A PROGRESS REPORT

SUMMARY

The present report was prepared in response to Executive Board decision 1994/A/3 (E/ICEF/1994/13), in which the Board reconfirmed its commitment to Africa as the region of greatest need and highest priority as well as its commitment to assist countries in Africa to fulfil the human development goals of the 1990s. The report discusses economic and political trends in sub-Saharan Africa as well as the main areas of UNICEF focus. These include the Convention on the Rights of the Child, achievement of the mid-decade and year 2000 goals, collaboration with different partners, the response to emergencies and the HIV/AIDS pandemic.

* E/ICEF/1995/13.

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INTRODUCTION

1. Changes in sub-Saharan Africa are creating new opportunities and challenges. There are growing trends towards political dialogue and decentralization. However, current economic growth rates alone will have little impact on poverty. There is a need to reduce the debt burden and increase aid flows. The region remains vulnerable to complex emergencies and disasters. Persistent malnutrition, low primary school enrolment rates and the HIV/AIDS pandemic continue to pose a threat to the well-being of children in Africa.

2. UNICEF continues to place a high priority on sub-Saharan Africa to harness the continent's political will to fulfil its obligations to children. Most countries are making progress towards most of the mid-decade goals. Interventions in the areas of health, education and water supply have shown considerable progress. The Bamako Initiative has the potential to combine improved service delivery with capacity-building and empowerment.

3. Most Governments in Africa are mobilizing resources and finalizing their strategies for implementing national programmes of action (NPAs) for children. UNICEF continues to work with its partners to mobilize resources for the sustainable achievement of the mid-decade goals and the goals set by the World Summit for Children. Progress continues on the debt relief for child development initiative. The UNICEF response to emergencies in sub-Saharan Africa is evolving, with greater emphasis on preparedness, education, reconciliation and gender. For HIV/AIDS, UNICEF is focusing on youth education and the empowerment of women and girls.

4. The UNICEF country programme process has the flexibility to adapt to rapidly changing country environments. The challenge will be to increase service coverage while addressing structural problems affecting the performance of delivery systems. The key elements will be community involvement and ownership and control of local initiatives. In complex emergencies, the priority will be to support and strengthen local solidarity and coping mechanisms. Communication for behavioural change will be the key factor in helping people to use increasingly scarce resources effectively. Collaboration with non-governmental, community-based and women's organizations will enhance UNICEF cooperation with central and local governments and civil society. UNICEF needs to ensure that women's concerns are central to all UNICEF-supported activities in Africa. Government reviews of progress towards the goals can reinforce political commitment. The Convention on the Rights of the Child provides a broad-based framework for UNICEF support to long-term national development goals for children.

5. As requested by the Executive Board in decision 1994/A/3 (E/ICEF/1994/13), the present report discusses progress made in the implementation of the UNICEF commitment to sub-Saharan Africa as the region of highest priority and its commitment to assist countries in the region to achieve the human development goals of the 1990s, as expressed at the World Summit for Children and in the Consensus of Dakar, adopted at the International Conference on Assistance to African Children (ICAAC), organized by the Organization of African Unity (OAU) and held in Dakar, Senegal, in November 1992.

I. TRENDS IN AFRICA

6. Economic and political changes in sub-Saharan Africa continue to create new opportunities and challenges. Many countries are moving towards more accountable government. Over the last five years, more than 30 countries have held elections; many countries now have legalized opposition and are engaged in a process of political dialogue that would have been hard to imagine only a few

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years ago. Many organizations are promoting human rights activities. The freedom of the press has expanded, and both leaders and citizens are better informed. Civil society is participating increasingly in the political process.

7. One of the most positive developments of the past year was the emergence of a democratically-elected Government in South Africa. Governments throughout southern Africa can now refocus their attention from military and security issues towards renewed economic and accelerated social development. Similar political transformations are occurring in Eritrea, Ethiopia and Mozambique. Ethiopia and Uganda have reduced military spending and reallocated resources to basic social services. Decentralization is bringing many Governments closer to the people and opening up opportunities for participation in decision-making and the management of basic services. There are many examples of communities working together to manage basic services and fill the gap left by diminished state capacity.

8. Most Governments are rationalizing their economic policies. There was a modest increase (estimated at 2.2 per cent) in the regional economic growth rate in 1994, compared to an average of 1.3 per cent over the past decade. High coffee prices, favourable weather conditions and the stabilization of the continent's largest economy, South Africa, contributed to this improvement. With population growth remaining at around 3 per cent per year, current economic growth rates will have little impact on poverty. Average per capita incomes continue to decline, and the proportion of people living in poverty is increasing.

9. In spite of the difficult economic situation, few substantive steps have been taken to reduce the crushing external debt burden of many African countries. At the end of 1994, the ratio of debt to gross domestic product (GDP) in Africa (excluding South Africa) had risen to 95 per cent. Total African debt amounted to \$318 billion. Since 1990, aid flows to Africa have declined in real per capita terms. Special initiatives in favour of African development have not led to greater aid flows. Emergencies continue to account for much official development assistance (ODA). Structural adjustment programmes (SAPs) have made little progress in restoring sustainable economic growth. The most successful countries have achieved annual GDP growth rates of between 4 and 5 per cent. Domestic and foreign private investments have not increased significantly and most countries remain reliant on high levels of concessional (grant and soft loan) finance. Despite the growing trend of public expenditure reviews to recommend protection of real spending on human development priorities, efforts to reduce balance of payment and budget deficits, in many cases, have been associated with increased unemployment and reduced quality of social services.

10. The fragility of the political situation and the erosion of the nation State have necessitated continued emergency responses from UNICEF and other agencies. In Rwanda, intolerance led to genocide and the large-scale depopulation of the country. The tragedy affected children in particular. Civil conflict also continued in Angola, Burundi, Liberia, Sierra Leone, Somalia and the Sudan. Several other countries proved unable to bring about a transition from long-standing authoritarian rule. Other countries underwent military coups d'état. Drought continued to affect many people in several countries, including Eritrea, Ethiopia, Kenya, Lesotho and Malawi.

11. Surveys in several countries suggest modest but encouraging declines in fertility rates. However, in several African countries population growth rates are among the highest in the world, and of necessity an approach that combines interventions in the areas of maternal and reproductive health and girls' education, as well as concerted efforts to tackle under-five mortality, are needed to address the population issue. Maternal mortality rates in sub-Saharan

Africa remain among the highest in the world. Although under-five mortality rates (U5MRs) have fallen significantly over the last 20 years, the rate of decline is apparently slowing and sub-Saharan Africa continues to lag behind other continents. There have been resurgences of malaria, cholera and dysentery in several countries. About one third of children in the region are under weight, approximately the same proportion as in the 1970s. In spite of unprecedented growth in education over the last 30 years, primary school participation, completion and achievement rates are generally low. If present trends continue, there could be some 52 million children without basic education in sub-Saharan Africa by the year 2000. Of these, 32 million will be girls.

12. It is estimated that 9 million people in Africa are HIV-positive. By the year 2000, it is estimated that between 5 million and 10 million children will have lost their mother or both parents to AIDS. The Center for International Research of the United States Census Bureau projects that U5MR will rise significantly in several African countries if the AIDS pandemic continues in the years ahead. In some urban areas of Africa, 25 to 30 per cent of pregnant women attending antenatal clinics are HIV-positive. The growth of HIV prevalence presents an increasing threat to the fulfilment of child rights in Africa.

II. UNICEF FOCUS AND PRIORITIES

13. UNICEF continues to place a high priority on sub-Saharan Africa. The region contains 16 per cent of the child population of developing countries, but accounts for 35 per cent of all deaths of children under five years of age and 32 per cent of children without access to basic education. Between 1984 and 1994, the number of UNICEF country offices in sub-Saharan Africa grew from 34 to 46, a 30 per cent increase. In the same period, the percentage of UNICEF staff working in sub-Saharan Africa rose from 22 to 37 per cent. The number of UNICEF staff of all categories working in sub-Saharan Africa increased from 711 to 2,260 (see table 1 below for staffing figures in Africa for the period 1984-1994).

Table 1. UNICEF staffing patterns in Africa, 1984-1994

Year	Number of IPs	Number of NOs	Number of GS	Total	% of staff
1984	221	63	427	711	22
1987	304	113	706	1 123	28
1990	367	204	941	1 512	32
1994	483	405	1 372	2 260	37

IP = International Professional.
NO = National Officer.
GS = General Service.

14. Contributions to UNICEF supplementary-funded programmes in sub-Saharan Africa increased from \$122.4 million in 1993 to an estimated \$223.1 million in 1994. Over the last year, supplementary-funded contributions to emergency programmes in sub-Saharan Africa have risen by \$56 million (from \$62.4 million in 1993 to \$118 million in 1994). Supplementary-funded contributions to regular programmes also increased by \$45 million (from \$60 million in 1993 to

\$105 million in 1994). The percentage of supplementary funds world-wide for activities in Africa rose from 34 per cent in 1993 to 50 per cent in 1994. (See table 2 below for total UNICEF expenditure in Africa for the period 1984-1994.)

Table 2. Total UNICEF expenditures in Africa, 1984-1994
(In millions of United States dollars)

Year	General resources (GR)	Supplementary funds (SF)	Total	Percentage of total UNICEF expenditure (GR+SF+ emergency contributions)	Percentage of UNICEF African expenditure allocated to emergencies
1984	46.1	32.4	78.5	32	9
1985	49.2	56.8	106.0	38	29
1986	54.9	58.0	112.9	35	19
1987	55.9	75.4	131.2	36	14
1988	61.2	84.8	146.0	37	16
1989	97.2	72.8	170.1	34	10
1990	126.0	90.4	216.4	37	9
1991	128.5	82.0	210.6	36	17
1992	139.4	144.8	284.2	38	29
1993	158.1	141.3	299.4	37	32
1994	137.8	165.7	303.5	38	35

15. Following a review in late 1993 of progress towards the mid-decade goals, an additional \$11.4 million in general resources was allocated from global funds for programmes in sub-Saharan Africa. Priority was given to universal salt iodization, immunization and the control of diarrhoeal diseases. As reported earlier, the additional global funds served as a catalyst in accelerating progress towards achievement of the mid-decade goals.

A. Convention on the Rights of the Child

16. Sub-Saharan Africa is close to achieving the goal of universal ratification of the Convention on the Rights of the Child. All countries in West and Central Africa have ratified the Convention, as have all but four countries in Eastern and Southern Africa. The major challenge now lies in ensuring effective implementation, primarily by integrating the Convention in national legislation and local practice and increasing resources and capacity for local-level action. The Convention is being used increasingly as a framework for NPAs and UNICEF country programmes. The Convention also is being used in areas of civil strife, for example, in encouraging the rehabilitation of child soldiers. However, several countries are late in submitting progress reports to the Committee on the Rights of the Child. This confirms the need to focus on local implementation.

B. Progress towards the mid-decade goals and the goals of the World Summit for Children

17. Many sub-Saharan African countries are showing the political will to maintain the momentum launched at the World Summit for Children. Prospects for attaining most or all of the mid-decade goals are good in several countries. Others will achieve only some of the goals due to the shortage of resources, heavy debt burdens, conflict, emergencies and the prevalence of HIV/AIDS. In spite of general downward pressures on living standards and the quality and accessibility of social services, specific interventions in key areas of health, education and water supply have shown considerable progress and have contributed to modest reductions in many countries in high infant and child mortality rates. At a time of increasing "Afro-pessimism", it is important that development agencies such as UNICEF support sub-Saharan Africa in maintaining the political will to fulfil its obligations to children.

Immunization coverage

18. Despite declines in funding and political uncertainties, the expanded programme on immunization (EPI) in sub-Saharan Africa is showing some vitality. However, the challenge of reaching and sustaining 80 per cent coverage in Africa remains. In 1993, overall coverage for Africa was 67 per cent for anti-tuberculosis vaccine, 53 per cent for three doses each of combined diphtheria/pertussis/tetanus vaccine and oral polio vaccine, 53 per cent for measles vaccine and 38 per cent for two doses of tetanus toxoid vaccine. According to available data, 17 countries in sub-Saharan Africa have managed to increase EPI coverage, 8 countries have sustained the level of coverage and 16 countries have seen a decline in coverage since 1990. Further gains could be achieved by reducing drop-out rates, missed opportunities and vaccine wastage. EPI coverage is highest in countries with operational and broad-based health care systems. If current efforts can be sustained, or increased with donor support, most countries will eradicate polio by the year 2000.

Use of oral rehydration therapy

19. Sub-Saharan Africa is nearing 50 per cent use of oral rehydration therapy (ORT), against the goal of 80 per cent use. The ORT utilization rate for Eastern and Southern Africa is 60 per cent, the highest in the world. Major constraints are the mismanagement of cases, particularly children brought to health centres too late for effective treatment; the poor distribution of oral rehydration salts; and the inadequate promotion of ORT by the mass media. Longer-term strategies to increase the use of ORT include communication and information initiatives and will require considerable efforts over the coming years.

Universal salt iodization

20. UNICEF has been working with the World Health Organization (WHO) and the International Council for the Control of Iodine Deficiency Disorders, and 28 of the 39 affected countries in sub-Saharan Africa are now implementing salt iodization measures. The 16 members of the Economic Community of West African States have agreed to prohibit the import and export of uniodized salt. A strategy has been developed for iodizing the salt of many small producers (as opposed to fewer large ones), which is prevalent in several West African countries and Madagascar. The United Republic of Tanzania hosted the first regional consultation on accelerating salt iodization, which made recommendations for coordinated strategies, policies and procedures to achieve universal salt iodization.

Vitamin A deficiency

21. Several countries have carried out vitamin A surveys and have designed strategies for adequate vitamin A intake by children under the age of two years. UNICEF is supporting vitamin A supplementation in most countries, often in conjunction with other strategies to address vitamin A deficiency. Vitamin A supplementation often forms part of an "EPI-plus" approach, building on the success in establishing outreach systems for immunization.

Dracunculiasis

22. More than 95 per cent of cases of dracunculiasis (guinea worm disease) occur in 16 endemic countries in sub-Saharan Africa. By the end of 1995, dracunculiasis could be eliminated from most of Africa, leaving the problem concentrated in West Africa and in the strife-torn areas in and around southern Sudan. Cameroon reported only 72 cases in 1993. In Uganda, the number of cases declined by 60 per cent (from about 126,000 to a reported 43,000), and the disease should soon be eliminated nationwide. Ghana has reduced cases by 90 per cent since 1990. Nigeria recorded over 183,000 cases in 1992 and only 76,000 in 1993. Even in countries making substantial progress towards elimination, a surveillance system will be required for at least three years to allow for certification of eradication.

Baby-Friendly Hospital Initiative

23. The prospects for the success of the Baby-Friendly Hospital Initiative in sub-Saharan Africa are enhanced by cultural and community values that support breast-feeding. At the end of 1994, about 400 of a target of 1,900 hospitals had been awarded "baby-friendly" status. As most babies are delivered outside of health facilities, "baby-friendly" training has targeted not only facility personnel, but also community-based midwives and health workers and representatives of non-governmental organizations (NGOs), focusing on infant and child feeding. Nineteen African countries either have approved legislation or have a draft code for the marketing of breast-milk substitutes, and 36 sub-Saharan African countries have adopted maternity protection legislation.

Malnutrition

24. Although some countries have made progress, the most recent figures compiled by the Sub-Committee on Nutrition of the Administrative Committee on Coordination suggest that few countries are making significant reductions in protein-energy malnutrition (PEM) among young children. Political instability, civil unrest and war are impediments to nutritional improvement in several countries. Poverty and the lack of women's education are common basic causes throughout the continent. Much work remains to be done if sub-Saharan Africa is to reach this important goal. In some countries, however, the Bamako Initiative is beginning to provide an institutional framework for community-based problem assessment and decision-making related to PEM. UNICEF will support more work in this area as community-based decision-making has been key to the reduction of malnutrition in the United Republic of Tanzania.

Water supply and environmental sanitation

25. The International Drinking Water Supply and Sanitation Decade (1981-1990) saw the proportion of families in sub-Saharan Africa with access to safe drinking water rise from 32 to 42 per cent. The proportion of families with access to adequate sanitation facilities also rose, to slightly over 30 per cent. Coverage continues to rise, but almost 260 million people in sub-Saharan Africa still lack a basic water supply and almost 250 million have no sanitation facilities. One of the major constraints to progress towards

goals in the sector is the fact that only about one fifth of the money spent on water supply is allocated to low-cost water and sanitation schemes serving the poorest communities. A better allocation of expenditures in favour of the poor could help to accelerate progress towards the goals of clean water and safe sanitation for all in the remaining years of the century. Increasingly, UNICEF is promoting more equitable sector policies to redress the imbalance between urban and rural areas. There is also a shift to capacity-building and empowerment through the involvement of the private sector, NGOs and communities, as well as increasing emphasis on sanitation and health and hygiene education. Efforts to reduce the costs of water supply and environmental sanitation will be crucial to the chances of reaching the goals set by the World Summit for Children in sub-Saharan Africa.

Basic education

26. There is growing recognition in Africa of the fundamental importance of education for economic recovery and long-term growth. In response to the huge challenges facing African education, UNICEF, in collaboration with its partners from the World Conference on Education for All, is proposing an initiative to support and strengthen basic education and to help African countries meet their Education for All (EFA) goals. A few countries are already promoting education as a vehicle for development, with some success. UNICEF and other donors helped Malawi to launch a primary education drive which relaxed school fees and school dress requirements and produced a more than 50 per cent rise in pupil registrations. Comparable progress is being seen in Eritrea, with community-based approaches. UNICEF is trying increasingly to launch partnerships between countries and development organizations, which often involve an analysis of specific constraints to educational development and a specific plan of action to overcome constraints.

C. The Bamako Initiative

27. The Bamako Initiative is meeting growing success in sub-Saharan Africa. By the end of 1994, 28 of the 46 countries in the region had adopted the Initiative as a cost-effective, sustainable approach to revitalizing health systems. In one Nigerian state, a WHO study found that a shift from brand-name to generic drugs alone had reduced costs by 25 per cent. In Guinea, seven years of community co-financing and co-management had boosted health centre coverage to roughly 80 per cent of the population and immunization coverage to 74 per cent. Coverage for antenatal care increased from less than 5 per cent in 1987 to 71 per cent in 1994. In many countries, the Bamako Initiative has helped to make low-cost, quality drugs accessible to many families, generated resources to cover essential drugs and other local costs and generated savings for community health activities. The Initiative also has stimulated greater involvement of NGOs and communities in basic services. It has built the confidence and capabilities of local communities, and health committees have gained the management skills for controlling the resources and services of health centres. UNICEF has supported the World Bank's Better Health in Africa initiative to reform health care systems and mobilize resources for Health for All.

28. Major challenges for the future include better training, strengthened supervision, greater focus on the process of participation and community organization, and more attention to the empowerment of women. Other challenges include decentralization, improving logistics systems, equity, reaching the poorest and the low motivation of health personnel affected by austerity and adjustment. There is also a need to promote better health practices by families and communities. The Initiative also will focus on the revitalization of district hospitals, using approaches to reorganization and rationalization developed successfully at the health centre level. The aim is to provide a

minimum package of essential obstetrics care for women through community financing.

D. Other Executive Board concerns

29. As of 1994, 28 African countries had finalized NPAs, 10 had produced a draft or an outline, and five had preparations under way. Most Governments in Africa are now finalizing their strategies for implementing NPAs and have begun to mobilize national and international resources, including the restructuring of national budgets, for their rapid implementation. This included the mobilization of such other development partners as the private sector and NGOs. Several countries, including Namibia and Uganda, have begun to decentralize the NPA process and are looking at ways in which the development of local programmes of action for children can become tools for decentralized local development planning.

Collaboration with other donors and partners

30. In addition to the long-standing relations with Governments which have contributed to UNICEF general resources, partnerships have been developed with the United States Agency for International Development (USAID) and the Canadian International Development Agency (CIDA) to support several countries in the areas of immunization, vitamin A intake, control of iodine deficiency disorders, elimination of dracunculiasis and expansion of girls' education. These partnerships are related to NPA goals and their long-term sustainability. UNICEF developed a partnership with USAID to benefit immunization programmes in seven countries where external funding for and performance of EPI were declining from the peak levels of 1990. The partnership focused on countries with medium-sized infant populations and which were not facing emergencies. The objectives of the grant were to improve access to services, donor coordination and sustainability. Through the Micronutrient Initiative, CIDA has agreed to make available to UNICEF a substantial grant to improve the vitamin A intake of young children in selected countries. Strategies will focus on sustainability and innovation. CIDA also has continued to support UNICEF work in primary education for African girls. The CIDA/UNICEF Girls' Education Programme promotes basic education for girls by strengthening educational systems, increasing enrolment, reducing drop-out and repetition rates and increasing learning achievements. By facilitating community and parental participation, the programme enhances sustainability and promotes innovative approaches that will complement formal education and foster the achievement of EFA goals.

31. In accordance with the Consensus of Dakar, UNICEF has encouraged donors to increase substantially and sustain the ODA commitment to eradicate poverty in Africa. There is strong support in Africa for the "20/20" initiative, which is an important means for mobilizing resources for the decade goals. Burkina Faso, Namibia, Uganda and Zambia have made attempts to raise the level of national budgetary allocations for basic social services, especially health, to 20 per cent. Several other Governments are working with the United Nations system to develop country strategy notes with a focus on sustainable human development or poverty alleviation. The country strategy note increasingly will serve as a mechanism for Governments to coordinate and rationalize inputs from the United Nations system. United Nations agencies are undertaking joint situation analyses in Malawi and Zambia.

32. UNICEF also has strengthened its cooperation with multilateral institutions, including the World Bank and the African Development Bank (AfDB), to mobilize additional resources for programmes in sub-Saharan Africa. UNICEF has continued its policy dialogue with the World Bank in support of the goals and strategies of the World Summit for Children. These efforts have focused especially on basic education, primary health care, the design of adjustment

policies to focus more strongly on poverty alleviation and the World Bank's Poverty Initiative. AfDB made a sizeable grant for humanitarian assistance in Rwanda, with the funds channelled through the Office of the United Nations High Commissioner for Refugees and UNICEF. The World Bank made a grant to UNICEF for emergency and rehabilitation activities in the areas of nutrition, household food security, health, water supply and environmental sanitation. In Benin, Burkina Faso, Chad and the Niger, the Government, the World Bank and UNICEF have collaborated on specific projects, making use of loans from the International Development Association (IDA) to provide essential services to underserved rural populations. Formal UNICEF management support to World Bank-funded programmes are currently ongoing in the Gambia, Ghana, Mali, Senegal and Zambia. UNICEF seeks to broaden these parallel financing arrangements to several African countries. In addition, the World Bank has complemented UNICEF-initiated programmes in provincial hospital revitalization in Benin and Guinea, as well as the essential drugs programme in Nigeria.

33. UNICEF continued its debt relief for child development programme in Africa, and by the end of 1994 had completed 14 debt swaps in four countries. These generated \$33 million in programme funds for child development at a cost of \$17 million and retired a debt with a face value of \$155 million. The provision of funds to purchase debt by National Committees for UNICEF has been key to the success of debt swaps. In Madagascar, debt conversion led to a contribution of \$3 million in local currency for UNICEF-assisted programmes in water supply, education and health. In Senegal, the first debt conversion in the Communauté financière africaine (CFA) (African Financial Community) zone will yield \$11 million over time. In Zambia, UNICEF is cooperating with the World Bank to use the IDA debt reduction facility to provide \$11 million for unfunded supplementary-funded programmes. Further transactions are under consideration in Cameroon, Ethiopia, Guinea, Mauritania, Senegal, Togo and the United Republic of Tanzania. UNICEF also has discussed with several Governments the possibility of debt swaps for official debt owed to members of the Paris Club.

34. UNICEF continues to have concerns regarding the human impact of SAPs. An increasing number of country offices are supporting programmes that monitor and use advocacy to minimize the adverse impact of structural adjustment on vulnerable groups. In Zimbabwe, UNICEF continues to cooperate with the Ministry of Public Service, Labour and Social Welfare and others to monitor changes in welfare at the household level. The project uses the national sample survey methodology to build monitoring capacity at the local level.

35. There are indications that SAPs increasingly have more "human-sensitive" designs. The adjustment agenda now includes human development, institutional capacity-building, gender issues, agricultural development, private sector development and environmentally sustainable development. There is also evidence of more consistent support by the World Bank for national budget reallocations to basic social services (as in Ethiopia, Uganda and the United Republic of Tanzania). This may or may not (as in Zimbabwe) result in actual increases in spending per capita on basic services.

Response to emergencies

36. UNICEF has strengthened its support for emergency preparedness activities in emergency-prone countries, for example, with vulnerability analysis in Burundi and Ethiopia. As appropriate, country offices have begun to prepare contingency plans for assisting people who may face an emergency. In 1994, such contingency planning took place in Chad, Ghana, Kenya and Nigeria. UNICEF also has developed a service package approach to establish, as rapidly as possible, the UNICEF response to emergencies. The Rwanda experience demonstrated the need for greater capacity to set up the core operational systems to guide and support emergency responses and to link them to rehabilitation. UNICEF also has tried

to build regional capacity with respect to the training of teachers and other local service providers, staff counselling, training of staff in critical incident stress management, and debriefing and security preparedness with country offices.

37. In addition, UNICEF has given more attention to peace education, reconciliation and humanitarian advocacy. There is a growing emphasis on emergency programming for the psycho-social rehabilitation of children, family reunification programmes for unaccompanied children, ensuring continued access to learning opportunities and preventing violence against women during emergencies. In Rwanda, UNICEF took the lead in efforts to help thousands of unaccompanied children. Peace education in Burundi involves social mobilization campaigns, education programmes by radio and correspondence, and other formal and non-formal education activities. UNICEF and the United Nations Development Fund for Women sponsored a two-day consultation on the reproductive and mental health issues affecting women in war settings. The consultation found that there was a much higher rate of violence against women during emergencies than is commonly recognized. It stressed the need for increased sensitivity to the needs of women in emergency response activities, emphasizing empowerment, participation and psycho-social support. Follow-up actions through the African Women in Crisis Initiative are planned in Burundi and Rwanda.

38. UNICEF also has initiated a study on children as victims of armed conflict in Burundi, Eritrea and Ethiopia. This will help the international community to improve the protection of children in armed conflicts and to promote their psycho-social recovery and social reintegration. The United Nations Centre for Human Rights and UNICEF are working together on the comprehensive study on the impact of armed conflict on children being sponsored by the United Nations.

39. Education also has emerged as a priority for emergency interventions. In Rwanda, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) developed and distributed "school-in-a-box" kits which contain teaching materials, a teacher's guide and school materials for two shifts of 40 students. In Liberia, UNICEF provided mobile libraries for displaced children and vocational training for disadvantaged youth and former combatants. UNICEF also mounted an intensive education programme in Somalia, working with a network of Koranic schools.

HIV/AIDS

40. In conjunction with multi-agency efforts for HIV/AIDS prevention, UNICEF is focusing on youth education and the empowerment of women and girls, using a range of communication and social mobilization techniques. In Mauritania and Uganda, UNICEF is supporting innovative programmes that involve youth, through NGOs, in activities to reduce the vulnerability of young people to sexually transmitted diseases (STDs), HIV and other major problems. In Zambia, the strengthening of maternal syphilis prevention and control services has increased the involvement of men in antenatal care activities, facilitated dialogue on sexually responsible behaviour and mobilized policy makers for STD services for youth. Zimbabwe has integrated sexual and reproductive health promotion activities into the school curriculum. In the Côte d'Ivoire, UNICEF is working with the media on radio programmes that combine popular music with young people discussing sexual health and information issues. UNICEF also supports a family- and community-care approach to HIV/AIDS to strengthen community coping mechanisms. UNICEF is supporting the development and strengthening of NGO networks in Uganda; foster care of children orphaned by AIDS in Uganda and Zambia; continuous education of orphans in Kenya, the United Republic of Tanzania and Zambia; increased access to basic health care and services in the Congo and Ghana; and the development and maintenance of "family" or "children's" homes headed by foster parents in Rwanda.

Collaboration with pan-African institutions and initiatives

41. UNICEF has continued to support the United Nations New Agenda for the Development of Africa (NADAF) in the 1990s, for example, through participation in the meetings of the Inter-Agency Task Force and assistance in drafting the system-wide Plan of Action for African Economic Recovery and Development. Many of the NPAs provide a strong basis for inter-agency work under NADAF.

42. UNICEF extended its collaboration with the United Nations Economic Commission for Africa (ECA) for information dissemination, monitoring and analysis of the situation of children and women in Africa. UNICEF and ECA published an Atlas of the African Child, which was distributed internationally and through school networks. UNICEF and ECA also produced a "Human Development Report for Africa" and collaborated in monitoring the mid-decade goals in four pilot countries.

43. In October 1994, the Southern African Development Community (SADC) and UNICEF held a joint symposium on the goals for children. Ministers and senior officials adopted a wide range of resolutions on subregional cooperation for children and women in Southern Africa. They reaffirmed the subregion's commitment to the goals set by the World Summit for Children, the Consensus of Dakar and the Convention on the Rights of the Child, and identified ways in which SADC could expand its role in child survival, protection and development. The symposium was particularly useful in forging initial links between social sector ministries in South Africa and other SADC member States.

44. In January 1995, representatives of 45 African countries attended a three-day conference in Tunis, Tunisia, organized by OAU on the mid-decade and decade goals. The conference concluded that there has been encouraging progress made in Africa since ICAAC. Participants agreed that the Convention on the Rights of the Child, NPAs and the mid-decade goals have helped to define a clear agenda for children.

45. During 1994, UNICEF established formal cooperation with the Government of South Africa. In April, UNICEF became the first United Nations development agency to have a country programme approved for South Africa. The process of formalizing the UNICEF presence in the country with a Basic Cooperation Agreement is well under way. In early 1995, the UNICEF office moved to United Nations common premises in Pretoria.

III. THE WAY FORWARD

46. Over the next few years, conditions probably will continue to change rapidly in sub-Saharan Africa. In this complex and dynamic environment, there will be widely differing levels of performance in child survival, protection and development. Some countries may achieve virtual universal service coverage through strengthened institutions and genuine empowerment of communities. Other countries may experience complex economic and political crises and have difficulty protecting women and children. Given these varying prospects, the country programme process, based on contextual and participatory situation analysis and strategy formulation, will remain the principal instrument for UNICEF support to programmes of action. It allows UNICEF and its partners to develop strategies of cooperation flexible enough to adapt to rapidly changing country environments and to respond to diversity within and between countries. It also allows UNICEF and its partners to seize opportunities as they emerge.

47. The main challenge facing the country programming process in Africa will be the need to maintain progress in service delivery and meet the demands of sustainability, which call for greater incorporation of capacity-building and

empowerment into UNICEF strategies. This will mean creating a new balance between providing finance and supplies for service delivery, developing capacity and gaining credibility as a knowledge centre - a facilitator for the sharing of cross-country experience, ideas and technologies - and as an advocate for children and women at all levels of society. UNICEF has learned positive lessons from countries such as Benin and Guinea, where, in spite of dwindling government resources, remarkable achievements have been made and sustained through the revitalization of peripheral health care delivery systems. The lessons of this experience are that service coverage cannot be raised meaningfully without addressing structural problems affecting the performance of delivery systems. Real progress is being achieved in the health sector. The challenge now will be to adapt similar approaches to basic education, water supply and sanitation, and nutrition.

48. If successful approaches can be designed, tested and evaluated, UNICEF increasingly will need to be a resource for Governments, intergovernmental organizations, civil society and Africa's people. Staff skills will have to be strengthened in the areas of communication, participatory planning and appraisal. In many cases, staff will need to spend more time learning, listening and engaging in dialogue and advocacy at the subnational level. There will need to be greater flexibility in the modalities of resource transfers, with increased emphasis on local-level research and knowledge-building.

49. Another challenge for the country programming process arises from the increase and persistence of long-term, protracted and systemic crises in several countries. Increasingly, this will involve education for peace, the protection of child rights for children in situations of armed conflict, psycho-social trauma management and gender-sensitive policies in emergency situations. The UNICEF programming process has the flexibility to address the many-layered and interrelated factors that combine to create these crises. It also means that once the acute phase of complex emergencies is over, UNICEF has a comparative advantage in emergency programming for long-term capacity-building and empowerment. Over recent years, some progress has been made in the promotion of development in situations of conflict by providing emergency assistance in a way that helps people to begin to re-establish their livelihoods and communities rather than remaining passive recipients of relief aid. Where national entities collapse and law and order and governance cease to exist, it becomes crucial to identify existing local organizational resources and assess their potential for the delivery of basic services. While the delivery of such urgent life-saving services as food, water and health interventions continues to be a priority, there is at the same time a need to support and strengthen local solidarity and coping mechanisms which could become the embryo of a new society. A key strategy is the promotion of people's involvement in the management of basic social services, even during emergencies.

50. While emergency situations may continue for some time, the survival, development and protection of the majority of African children will depend on broad-based efforts to strengthen systems and develop institutions that enable countries to implement NPAs and reach the goals set by the World Summit for Children. The World Summit Plan of Action stresses the importance of assuring that goals are adapted to the specific realities of each situation. The deadline for the achievement of the mid-decade goals will be an opportune time for UNICEF to examine critically country progress over the last five years, identify lessons learned and recommend course corrections that take into account the cultural, socio-economic and political reality of African countries.

51. One lesson learned from programme implementation in many African countries is the importance of communication for behavioural change in order to achieve child survival and protection goals. Behavioural change affects all aspects of how people understand issues, organize themselves to solve problems and use

basic services. It is a key factor in helping people to use increasingly scarce resources effectively. Some of the most dynamic and positive initiatives for behavioural change have sprung from community action. The potential for further growth is large, with or without injections of new resources from Governments or donors. The key elements will be community involvement, ownership and control of initiatives at the local level. The priority focus, therefore, will be on facilitating the process of participation by individuals, families, communities and grass-roots organizations in all stages of development programming. UNICEF will continue to place priority on strengthening its collaboration with civil society, particularly NGOs and community-based organizations. In many cases, the sharing of information and skills will be essential to ensure that participation is real and informed. Social mobilizers and community animators will have a central role to play in this empowerment process, for which UNICEF is well placed to play the role of mediator between central and local government and civil society.

52. Women and women's organizations are a major part of civil society and have displayed an enormous social energy in mobilizing action and achieving results on an impressive scale. The International Conference on Population and Development produced a global consensus on the need for the empowerment of women for sustainable development and a broadened definition of reproductive health. The regional conference preparing for the Fourth World Conference on Women in Beijing, which was held in Dakar in November 1994, adopted an African Platform for Action which represents an important basis for future action. These issues are of particular relevance to Africa, where large gender gaps hinder efforts to improve the situation of women and children. UNICEF will support advocacy related to gender questions and increase its efforts to ensure that women's concerns are central to all UNICEF-supported activities. The UNICEF strategy mix will vary according to circumstances in a given country. Within Africa, the main efforts will focus on the elimination of gender disparities for gender equality, equity and the empowerment of girls and women. This will mean broader use of the women's equality and empowerment framework as a conceptual tool for programming, promotion of the rights of the girl child, greater attention to the needs of women in armed conflict, capacity-building through gender training, support to the collection of gender-disaggregated data in all programme monitoring systems and research into the situation of women in sub-Saharan Africa. UNICEF also will continue to provide support to strategic allies working to end discrimination against women.

53. Improvement in the access of African women and girls to education is a major priority for UNICEF. Most country programmes in Africa have made concerted efforts to strengthen collaboration with other partners to ensure an emphasis on education of the girl child. Sustained efforts in the area of girls' and women's education will have to focus much more on the changing attitudes of parents, communities and Governments, making the education curriculum relevant to the needs of women and strengthening educational systems in such a way that they encourage the participation of girls.

54. UNICEF will continue to intensify its focus on the HIV/AIDS pandemic and its effects on children and families. As households and communities face up to the increasing social and economic burdens resulting from the pandemic, capacities to provide, cope and care increasingly will be undermined. It is children, and increasingly often the girl child, who will lose their right of access to education and a healthy upbringing because they will be forced to assume the responsibilities of adulthood at too early an age. New strategies will need to be developed to promote positive behavioural change. The participation of youth (both boys and girls) in identifying new and potentially successful strategies is a necessity. UNICEF will advocate more strongly for life skills to be integrated into school curricula and out-of-school programmes

and support programmes offering girls vocational training and support in finding employment.

55. Country programmes in Botswana, the Côte d'Ivoire, Kenya, Zambia and Zimbabwe have begun to address the growing problems of urban poverty, often in the context of children in especially difficult circumstances or protecting adolescents from the transmission of AIDS. As Africa is the region with the fastest urbanization rates in the world, the type and scope of UNICEF programmes in Africa will need to focus more on problems that are particular to urban situations.

56. With many challenges facing Africa, UNICEF will continue to work with African Governments and other partners in pursuit of sustainable human development, notably by measures for debt reduction and/or debt swaps in favour of children. To meet the commitments made at ICAAC and elsewhere, African Governments will need to review their budgets in order to reprioritize their expenditure in pursuit of sustainable human development. The donor community will be called on to mobilize the financial, human and technical resources to assist African Governments. Africa's international partners should be urged to implement the "20/20" initiative with respect to basic social services in Africa, as advocated by the United Nations Development Programme, UNESCO, the United Nations Population Fund, UNICEF and WHO.

57. UNICEF is in a privileged position to work with Governments to identify and mobilize resources for children. The existence of NPAs will encourage countries to establish national monitoring systems and maintain databases to track activities being undertaken to achieve the goals. The development of subnational plans of action for children will provide a basic reference for district social service planning, programme identification and resource allocation at the various administrative levels to achieve the goals of the World Summit for Children. Regular, high-level government reviews of progress towards the goals involving all relevant sectors will serve to reinforce political commitment.

58. The monitoring of progress towards the goals increasingly will support and complement the monitoring of child rights. Attainment of the goals also will be an indicator of the fulfilment of some rights. Whereas the decade and mid-decade goals are almost all quantifiable, time-bound and concerned with survival, health and educational objectives, the rights laid out in the Convention on the Rights of the Child are all-embracing and timeless. In future years, therefore, the Convention increasingly will shape the definition of national development goals to include and go beyond child survival and development to address rights of protection and participation. Future country programme strategies will need to consider approaches to broaden public awareness and realize the rights expressed in the Convention, especially through household and community empowerment.
